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INCOME, OCCUPATION AND PSYCHOSOCIAL HEALTH OF TRANSGENDER PEOPLE DURING THE COVID-19 PANDEMIC

RENDA, OCUPAÇÃO E SAÚDE PSICOSSOCIAL DE PESSOAS TRANS DURANTE A PANDEMIA DE COVID-19

INGRESO, OCUPACIÓN Y SALUD PSICOSOCIAL DE PERSONAS TRANSGÉNERO DURANTE LA PANDEMIA DE COVID-19

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ABSTRACT

The COVID-19 Pandemic has widened several social inequalities, mainly in highly vulnerable social groups, such as the trans population in Brazil.Considering this scenario, we carried out a cross-sectional study through interviews with trans people assisted in an outpatient clinic in São Paulo to analyze the psychosocial and income aspects of trans people during the COVID-19 pandemic. Ninety people agreed to participate in the research, 46 men, 34 women, five people of non-binary gender, two *travestis*, and three people who mentioned other gender identities. Among these, 54.4% were in the *Cadastro Único*, and 28.6% accessed *Auxílio Emergencial* during the pandemic. However, trans men and people of non-binary gender were less likely to use any assistance benefit ($p<0.001$), in addition to trans men having a higher pre-pandemic income than trans women. Furthermore, 14.4% of participants reported sex work, occupation which was related to transfeminine gender identity ($p=0.011$), and sex workers had a more significant impact on income reduction ($p=0.003$). However, our data differ from other national surveys and in São Paulo city with transgender people; because our sample has a higher prevalence of formal jobs, higher education level, a lower percentage of sex workers, and lower use of emergency assistance during the pandemic. However, 68.9% of the sample reported symptoms of anxiety, 60% of depression, and 51.7% of suicidal ideation associated with compromised income during the pandemic ($p= 0.018$). Therefore, we concluded that our research participants had a different socioeconomic and mental health profile than other studies with transgender people, probably because it is a sample also containing people linked to a university and with health care associated with support for gender identity. However, during the

COVID-19 pandemic, they had an increase or appearance of anxiety and depressive symptoms, in addition to suicidal ideation associated with reduced income. Furthermore, it is worth noting that the reduction in income during the pandemic was more associated with feminine trans identities and the occupation of sex workers, in addition to other disparities in access and socioeconomic status between different gender identities. That indicates the need for public policies to reduce social inequalities and prevent mental health in low-income transgender people.

KEYWORDS

Transgender People. COVID-19 pandemic. Income. Psychosocial.

RESUMO

A Pandemia de COVID-19 ampliou diversas desigualdades sociais, principalmente, em grupos sociais vulneráveis, como a população trans brasileira. Com o objetivo de analisar aspectos psicossociais e de renda de pessoas trans na Pandemia de COVID-19, um estudo transversal foi realizado através de entrevista com pessoas trans assistidas em um ambulatório de São Paulo. Noventa pessoas aceitaram participar da pesquisa, sendo 46 homens, 34 mulheres, cinco pessoas de gênero não-binário, dois travestis e três pessoas que referiram outras identidades de gênero. Dentre essas, 54,4% estavam inscritas no Cadastro Único e, durante a pandemia, 28,6% acessaram o Auxílio Emergencial. No entanto, homens trans e pessoas de gênero não-binário foram menos propensos a recorrer a qualquer tipo de benefício assistencial ($p<0,001$), além de homens trans apresentarem uma renda pré-pandemia maior do que a de mulheres trans. O trabalho sexual foi relatado por 14,4% das pessoas; e essa ocupação estava relacionada à identidade de gênero transfeminina ($p=0,011$). Além disso, as trabalhadoras do sexo tiveram um impacto maior na redução da renda ($p=0,003$). Porém, nossos dados diferem de outras pesquisas nacionais e na cidade de São Paulo com pessoas trans; em razão de nossa amostra apresentar maior prevalência de empregos formais, grau de instrução mais elevado, menor porcentagem de trabalhadoras sexuais e menor uso de auxílio emergencial durante a pandemia. Com relação à saúde psicossocial, a prevalência de pessoas com depressão era menor do que a apresentada em outros estudos com pessoas trans e similar ao da população brasileira geral. Porém, 68.9% da amostra relataram sintomas de ansiedade, 60% de depressão e 51.7% ideação suicida associada à comprometimento da renda durante a pandemia ($p= 0,018$). Portanto, nós concluímos que os participantes de nossa pesquisa apresentavam um perfil socioeconômico e de saúde mental diferente de outros estudos com pessoas trans; provavelmente por ser uma amostra contendo, também, pessoas ligadas à uma universidade e, com acompanhamentos em saúde integral associado a suporte da identidade de gênero. No entanto, durante a pandemia de COVID-19 tiveram aumento ou aparecimento de sintomas ansiosos e depressivos, além de ideação suicida associada à redução da

renda. Vale ressaltar que, a redução de renda durante a pandemia estava mais associada à identidade trans feminina e da ocupação de trabalhadoras sexuais, além de outras disparidades de acesso e nível socioeconômico entre diferentes identidades de gênero. Desta forma, indicando a necessidade de estudos e políticas públicas que visem a redução de iniquidades sociais e prevenção de saúde mental em pessoas trans de baixa renda.

PALAVRAS-CHAVE

Pessoas Transgênero; Pandemia de COVID-19; Renda; Psicossocial.

RESUMEN

La pandemia de COVID-19 ha ampliado varias desigualdades sociales, principalmente en grupos sociales vulnerables, como la población trans brasileña. Con el objetivo de analizar los aspectos psicosociales y de ingresos de las personas trans en la Pandemia de la COVID-19, se realizó un estudio transversal a través de entrevistas con personas trans atendidas en un ambulatorio de São Paulo. Noventa personas aceptaron participar en la investigación, 46 hombres, 34 mujeres, cinco personas de género no binario, dos *travestis* y tres personas que mencionaron otras identidades de género. Entre estos, el 54,4% estaban inscritos en el *Cadastro Único* y, durante la pandemia, el 28,6% accedió al *Auxílio Emergencial*. Sin embargo, los hombres trans y las personas de género no binario fueron menos propensos a utilizar algún tipo de beneficio de asistencia ($p<0.001$), además de que los hombres trans tenían un ingreso prepandemia mayor que las mujeres trans. El trabajo sexual fue denunciado por el 14,4% de las personas; y esta ocupación se relacionó con la identidad de género transfemenina ($p=0,011$). Además, las trabajadoras sexuales tuvieron un mayor impacto en la reducción de ingresos ($p=0,003$). Sin embargo, el 68,9% de la muestra reportó síntomas de ansiedad, 60% de depresión y 51,7% de ideación suicida asociados al compromiso de ingresos durante la pandemia ($p= 0,018$). Por lo tanto, concluimos que los participantes de nuestra investigación tenían un perfil socioeconómico y de salud mental diferente al de otros estudios con personas transgénero; probablemente porque es una muestra que contiene también personas vinculadas a una universidad y, con atención integral en salud asociada al apoyo a la identidad de género. Sin embargo, durante la pandemia de COVID-19, tuvieron aumento o aparición de síntomas de ansiedad y depresión, además de ideación suicida asociada a la reducción de ingresos. Cabe señalar que la reducción de ingresos durante la pandemia estuvo más asociada a la identidad trans femenina y la ocupación de trabajadoras sexuales, además de otras disparidades de acceso y estatus socioeconómico entre las distintas identidades de género. Indicando así la necesidad de estudios y políticas públicas encaminadas a reducir las desigualdades sociales y prevenir la salud mental en personas transgénero de bajos recursos.

PALABRAS CLAVE

Personas Transgénero; Pandemia de COVID-19; Ingreso; Psicosocial.

1 INTRODUCTION

The COVID-19 pandemic is a humanitarian crisis. In addition to the sanitary aspect, it has hugely impacted the socio-economy worldwide (ALMEIDA *et al.*, 2020), mainly in underdeveloped and developing countries where unemployment rates increased during the pandemic; and informal job workers were the most affected (ALMEIDA *et al.*, 2020; SANTOS *et al.*, 2020).

Furthermore, it has exacerbated many social inequalities regarding gender, sexual orientation, education level, race/skin color, and social class. Therefore, it has presented enormous effects on physical, financial, social and mental health, especially among minorities and the more vulnerable groups (ALMEIDA *et al.*, 2020), such as the trans community. Studies showed that pandemic increased food insecurity (RAIFMAN *et al.*, 2021), joblessness, homelessness (SANTANA; MELO, 2021), difficulty in accessing health services, and income reduction among trans people (POTEAT *et al.*, 2020; CEDEC, 2021; CRUZ; SOUSA VALE, 2021).

Transgender (Trans) is a broad term that encompasses diverse gender identities (non-cisgender identities), people who do not identify with the gender assigned at birth (BENEVIDES; NOGUEIRA, 2020; SPIZZIRRI *et al.*, 2021). Terms such as *travesti*, a Latin American transfeminine identity (BENEVIDES; NOGUEIRA, 2020), trans woman, trans man, non-binary gender (NBG), and other denominations vary according to time and socio-cultural factors.

A recent study showed that nearly 3 million Brazilian adults are gender diverse (SPIZZIRRI *et al.*, 2021). However, previous research and reports during the pandemic did not include gender identity (POTEAT *et al.*, 2020), which highlights the invisibility of trans people and narrows primary data for the development and application of public health and social policies for this group, beyond access to body modification resources.

A critical portion of the trans population had already been through multiple vulnerabilities before the pandemic due to social stigma, with direct and indirect impacts on their bio-psycho-social health (POTEAT *et al.*, 2020; SANTANA; MELO, 2021), including barriers to higher education and formal jobs. Therefore, it is noteworthy that even today, such social exclusion narrows opportunities and leads many Brazilian trans people, especially trans women and *travestis* to work in the sex industry (BENEVIDES; NOGUEIRA, 2020). It is essential to emphasize that LGBTIAphobia significantly impacts the comprehensive health of Lesbian, Gay, Bisexual, Transgender, Intersex, and other sexual or gender-diverse people and should be understood as a Social Determinant of Health (SANTANA; MELO, 2021).

Therefore, this study aims to analyze aspects of the psychosocial health of trans people assisted in a public gender outpatient clinic in Sao Paulo, Brazil, during the COVID-19 pandemic.

2 METHODS

We have conducted an exploratory cross-sectional study with trans people registered at the outpatient clinic of the *Núcleo de Estudos, Pesquisa, Extensão e Assistência à Pessoa Trans Professor Roberto Farina* at the Federal University of São Paulo (NTU), located in the state capital. The research was submitted for evaluation and approved by its ethics committee through CEP n: 4.129.909 (CAAE 33559720.7.0000.5505).

We have created a structured questionnaire including sociodemographic (self-reported gender identity, age, race, occupation, employment status, income, and level of education) and psychosocial variables comparing the periods before and during the COVID-19 pandemic. The questionnaire was developed on the Research Electronic Data Capture (REDCAP) platform and applied by trained health professionals who work in the outpatient clinic. The interviews took place by telephone from July 2020 to January 2021.

We analyzed acquired data with IBM SPSS Statistics 26. We have presented the results in descriptive analysis. Including frequency and percentage of nominal variables, mean and standard deviations. We used Pearson's chi-square test to verify the association between two nominal variables.

3 RESULTS

At the time of the survey, 150 trans people had registered with the NTU outpatient clinic. However, it was possible to contact 92 people, and 90 agreed to participate in the study. The age range of participants was 19 to 58 years old, and the mean age was 31(± 9) years. Data regarding gender identity, race/skin color, and level of education are shown in Table 1.

Table 1 – Demographic characteristics (Gender identity, race/skin color and level of education) of trans people assisted at the Núcleo de Estudos, Pesquisa, Extensão e Assistência à Pessoa Trans Professor Roberto Farina of the Federal University of São Paulo (NTU), 2020

Variables	Frequency (n)	Percentage (%)
Gender Identity		
Men	46	51.1
Women	34	37.8
Travesti	2	2.2
Non-binary	5	5.6
Others	3	3.3

Variables	Frequency (n)	Percentage (%)
Race/Skin Color		
White	49	54.4
Brown	20	22.2
Black	15	16.7
Others or did not want to answer	6	6.7
Level of Education		
Primary School (Incomplete)	2	2.2
Primary School (Complete)	2	2.2
High School (Incomplete)	7	7.8
High School (Complete)	25	27.8
Undergraduate/University Education (Incomplete)	32	35.6
Undergraduate/University Education (Complete)	18	20.0
Graduate Studies	4	4.4
TOTAL	90	100

Source: Research data

3.1 SOCIO-ECONOMIC STATUS AND THE PANDEMIC

In this sample, 78.9% indicated that livelihood before the pandemic came from work. However, some participants reported being supported by their families (24.4%), partners (17.8%), and government aid (10%). Other forms of support less often reported were: friends and retirement. Trans men were more likely to have a higher monthly income than trans women before the pandemic ($p<0.001$). The sample's occupational status, the monthly income before the pandemic, and the pandemic's impact on income are shown in Table 2.

Table 2 – Occupational status, income before the pandemic, and its impact on income of trans people assisted at the *Núcleo de Estudos, Pesquisa, Extensão e Assistência à Pessoa Trans Professor Roberto Farina* of the Federal University of São Paulo (NTU), 2020

Variable	Frequency (n)	Percentage (%)
Occupation*		
Retired	1	1.1
Self-employed/Informal job	35	38.9
Unemployed	10	11.1
Domestic	1	1.1
Businessperson	2	2.2
Formal job	38	42.2
Student	19	21.1
Sex Worker	13	14.4
Other	5	5.6
Income**		
Up to R$ 500,00	4	4.4
From R$ 501,00 to R$ 1.000,00	3	3.3
From R$ 1.001,00 to R$ 1.500,00	14	15.6
From R$ 1.501,00 to R$ 2.000,00	15	16.7
From R$ 2.001,00 to R$ 3.000,00	22	24.4
From R$ 3.001,00 to R$ 5.000,00	18	20.0
From R$ 5.001,00 to R$ 10.000,00	6	6.7
More than R$ 10.000,00	1	1.1
Doesn't know/Didn't want to answer	7	7.8
Income during Pandemic		
No income	12	13.3

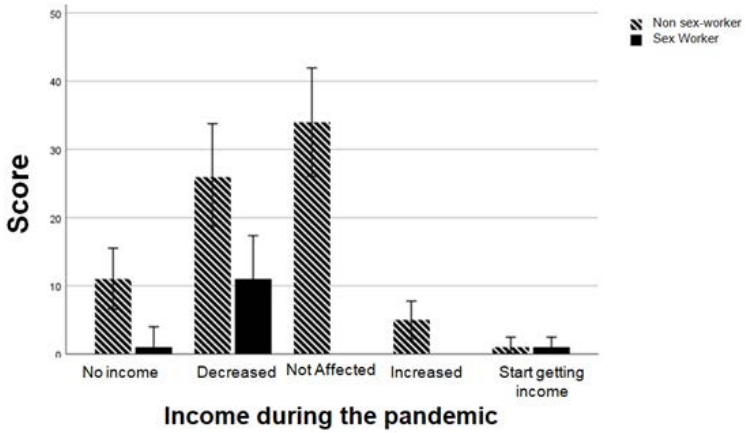
Variable	Frequency (n)	Percentage (%)
Income during Pandemic		
Decreased	37	41.1
Not affected	34	37.8
Increased	5	5.6
Began to receive income	2	2.2
TOTAL	90	100

**Values in Brazilian Real
Source: Research data

Regarding occupation, 14.4% reported sex work. Among those, 76.9% were transwomen. Sex work was associated with transfeminine gender identity (p=0.011) and level of education, such as incomplete primary school (p=0.031). Notwithstanding, 15.4% of sex workers had at least a university degree.

Concerning occupation during the pandemic, people who indicated being self-employed were more likely to be jobless or have their contracts suspended (p=0.019). Although having a formal job was related to job maintenance at the workplace or turning it to home office, or taking paid vacations, it was also associated with job loss during the pandemic (p=0.010). And regarding income before the pandemic, trans men were more likely to have a higher monthly income than trans women (p<0.001).

Figure 1 – Comparison of impact on income during the pandemic between sex workers and non-sex workers trans people assisted assisted at the *Núcleo de Estudos, Pesquisa, Extensão e Assistência à Pessoa Trans Professor Roberto Farina* of the Federal University of São Paulo (NTU), 2020



Source: Research data

Sex workers had a drastic earnings decrease (p=0.003), including the three persons who remained working in the sex industry during the pandemic. Sex workers were more likely to receive some care benefits than non-sex workers (p=0.034).

More than half (54.4%) of the people interviewed reported having *Cadastro Único* (a tool of the Brazilian government to identify families in poverty and link them to social assistance programs) and 35.6% received some kind of government aid.

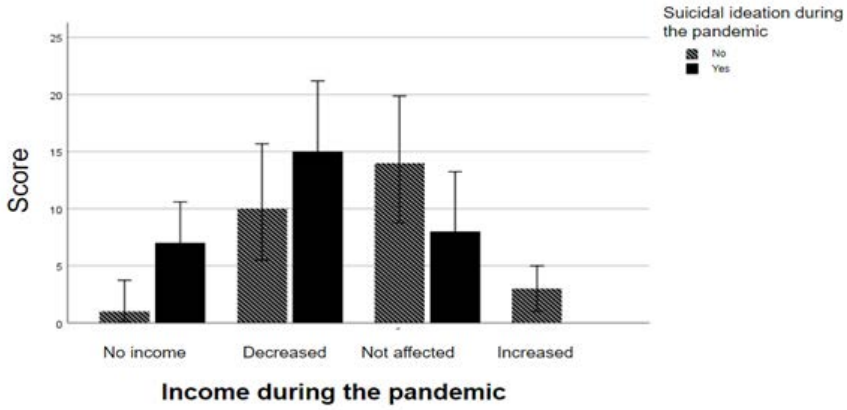
During the pandemic, 28.9% of the participants needed the COVID-19 emergency financial assistance offered by the federal government of Brazil, called *Auxílio Emergencial (AE)*. Yet, 26.9% of these reported they still needed receiving further support as basic food parcels (essential household food items), and/or hygiene products. Trans women were more likely to receive social benefits (p=0.032), such as *AE*. Trans men and NBG were less likely to need or be receiving any benefits (p<0.001).

3.2 MENTAL HEALTH

Regarding chronic health conditions (physical and/or mental), 46.7% of participants reported at least one chronic condition, whereas depression was the most prevalent, being reported by 15.6% of all participants.

Regarding the impacts of the pandemic on mental health in this sample, participants reported starting to feel or worsening of symptoms: anxiety (68.9%), depression (60.0%), changes in appetite (47.8%), sleeping problems (54.4%), tension (65.6%), loneliness (43.4%), attention/concentration problems (48.9%), panic attack (33.3%), lack of confidence (68.9%), irritability (48.9%), and a feeling of being overwhelmed (46.7%). Suicide ideation during the pandemic was reported by 51.7% of participants, and 3.2% had a suicide attempt in this period. Furthermore, suicide ideation during the pandemic was related to a decrease in income (p=0.018), tension (p=0.029), and irritability (p=0.008).

Figure 2 - Relationships between the impact on income during the pandemic and suicidal ideation among trans people assisted assisted at the *Núcleo de Estudos, Pesquisa, Extensão e Assistência à Pessoa Trans Professor Roberto Farina* of the Federal University of São Paulo (NTU), 2020.



Source: Research data

4 DISCUSSION

Our participants' mean age (31 years) was similar to the findings of other surveys recently conducted in Brazil concerning trans people (CEDEC, 2021; SPIZZIRRI *et al.*, 2021). However, there were differences between our findings and the CEDEC's survey (CEDEC, 2021) regarding race/skin color, as over half (54.4%) of our participants declared themselves as white, whereas the CEDEC's study found 38%.

Another difference was related to the self-declared gender identity of the participants: in the CEDEC survey (CEDEC, 2021), 71% identified themselves as trans women or *travestis* (48% and 23%, respectively), 23% as trans men, and 6% as NBG people, while in our sample, about half of the participants (51.1%) identified themselves as trans men. It is worth mentioning that only 2.2% of participants identified themselves as *travestis*, which raises questions: are *travestis* managing to seek health care? Where have they been assisted? Are people afraid of being denied assistance if they declare themselves as *travestis* when registering with a health service?

According to the findings of a national sample survey conducted in Brazil by Spizzirri and collaborators (2021), the prevalence of gender-diverse people in the sample was 1.88%, being 0.69% of trans people and 1.19% of NBG, almost two-fold higher than the rate of trans people. A British survey with over 14,230 transgender people in the UK showed that 52% identified as Government Equalities Office (GEO, 2018). These findings do not correspond to CEDEC's study outcomes or the results found in our sample, where only 3.3% reported non-binary gender identity.

So this can lead to questions: are non-binary people accessing health services? Are there barriers to accessing healthcare through NBG? Lykens and collaborators (2018) demonstrate that non-binary people feel misunderstood and disrespected by health service professionals because they are placed in a binary view of care. Scandurra and collaborators (2019) systematically reviewed studies comparing health issues between binary and non-binary trans people and cisgender people. They found studies with contradictory results indicating a better health context in nonbinary people than binary transgender people. However, they indicated that NBGs are less likely to have family support and more likely to have their gender misidentified by health professionals and to access body modification resources compared to binary transgender people (SCANDURRA *et al.*, 2019).

Regarding the level of education, 87.8% of our respondents have at least a secondary education degree, which is higher than the CEDEC findings that showed 51% of transgender people who participated have completed high school. CEDEC (2021) study showed that trans men and non-binary people were more likely to have completed high school than trans women and *travestis*. However, we did not find these differences in our sample.

Informal jobs are the few options for many trans people in Brazil and it is estimated that 90% of trans women and *travestis* work in the sex industry (BENEVIDES; NOGUEIRA, 2020). In a sample from Sao Paulo, 27% of trans people interviewed reported working in the sex industry and 58% indicated informal or self-employed work (short-term and without a contract) (CEDEC, 2021). Unlike these estimates (BENEVIDES; NOGUEIRA, 2020; CEDEC, 2021), in our sample, 42.2% reported having formal jobs, closely followed by self-employment/informal jobs (38.9%). Sex work was reported by 14.4%.

Transgender sex workers' income was heavily impacted by the COVID-19 pandemic, due to lockdown and social distancing measures, customer demand reduced drastically (BENEVIDES; NOGUEIRA, 2020; FERREIRA *et al.*, 2020; POTEAT *et al.*, 2020; CEDEC, 2021). Preliminary data from the survey "*Eu Quero é Mais*" with Brazilian sex workers (86 trans women/*travestis* and 53 cis women) showed that 72% indicated that the public health policies' response to COVID-19 was not suitable to the reality of sex workers, and 81% had lost customers during the pandemic. In addition, reports that using a protective face mask, a primary recommendation in the pandemic, turned customers away.

The participants also reported fear of not having an income, losing their homes, and going hungry, indicating the onset or worsening of anxiety attacks and sleep problems (NUDHES;CPAS, 2022). In our study, 23% of those who declared they were sex workers continued to work in the sex industry during the pandemic, but that did not mean they were earning the same amount as before the pandemic started, as their income decreased.

A study based on Brazilian national surveys has shown that the pandemic increased the precariousness of work and affected labor relations, with informal workers being the most affected (ARAÚJO; BRANDÃO, 2021). We have found in our survey that during the pandemic, 13.3% reported complete loss of income, 41.1% reduction of income, and 37.8% maintained the same income as before the pandemic. Moreover, even for trans people in formal jobs, there was an association with job loss during the pandemic.

Auxílio Emergencial (AE) was an assistance benefit during the COVID pandemic to guarantee a minimum income for vulnerable Brazilian people (ANDRADE, 2022). As a result, one-third of the general population, around 67.9 million, received this aid (BRASIL, 2021). CEDEC survey (CEDEC, 2021) findings showed that 41% of the trans people in a Sao Paulo sample accessed this government aid, while in our study, it was 28.9%. Of all participants in our survey, sex workers were the most likely to receive some benefit or government aid, such as the *Auxílio Emergencial*.

Therefore, the AE was crucial for trans women and *travestis* sex workers to have means to survive during the pandemic (CEDEC, 2021). However, it is worth mentioning that the low percentage of sex workers and trans people who received AE in our sample may be because participants presented a higher level of education and higher rates of formal jobs than the general trans population; in reason of the NTU clinic also assists students of the Federal University of Sao Paulo.

The disparities on the level of education (CEDEC, 2021), income before the pandemic, and the need for AE during the pandemic among female, male and non-binary trans people raise questions on what might influence these socioeconomic differences among transgender population. Some possible issues involved in these disparities may include: "passing", transition time, social acceptance, family support, and social gender inequalities also affect the trans population.

Regarding mental health, vulnerable social groups that suffer from the stress of minorities have poorer psychosocial health indicators, as well as the transgender population (CHINAZZO *et al.*, 2021). Surveys carried out worldwide on the mental health of trans people show significantly higher rates of depression, anxiety, and suicidal ideation than the general population (HAAS; *et al.*, 2014; HYDE *et al.*, 2014; WINTER *et al.*, 2016). An Australian national sample study conducted by Hyde and collaborators (2014) showed that transgender people were four times more likely to have been diagnosed with depression.

In our study, 15% of participants reported having depression, similar to rates in the general population in Brazil (BRASIL, 2020); therefore, it was much lower than in other studies with transgender people. Access to integral health assistance that is specifically tailored to the needs of transgender individuals may have played a role in the lower depression rates observed in your study. Studies have shown that individuals who receive adequate care and support for their gender identity may experience better mental health outcomes (CHINAZZO *et al.*, 2021; TORDOFF at al., 2022).

However, in our survey, participants reported worsening or onset of depressive symptoms during the pandemic. In addition, several anxiety-related symptoms were reported, such as tension, panic attack, and concentration problems during the pandemic. Almeida and collaborators (2020) showed similar findings in their study with more than 45,000 Brazilians that during the pandemic, participants noted worse sleep quality, feelings of depression, sadness, and more than half declared anxiety or nervousness.

A systematic review with 120,076 participants has shown that the prevalence of suicidal ideation in the general population during the pandemic was 12.1% (FAROOQ *et al.*, 2021), while in our sample was much higher, reported by 51.7% of individuals. Similarly to our findings, the data from the study conducted by Chinazzo and collaborators (2021), suicidal ideation among trans people was also remarkably elevated, reported by 67.7% of the participants. Perez-Brumer and collaborators (2015) showed that the risk factors for suicidal ideation found among trans population are many, such as transphobia, unemployment, and discrimination. Chinazzo and collaborators (2021) also indicate that gender identity support and gender-affirmative care are critical protective factors in mental health.

Suicidal ideation during the pandemic in our study was associated with reduced income. A 6-year longitudinal study conducted by Lee and collaborators (2021) with 7,504 South Korean participants, demonstrated that likelihood of suicidal ideation was associated with a reduction in household income. Furthermore, food insecurity may also be associated with suicidal ideation and attempts in people from low and middle-income countries (SMITH *et al.*, 2022). Studies show that the trans population has high rates of food insecurity (GOMES *et al.*, 2019; GOMES, 2022). The findings on resorting to *Auxílio Emergencial* and the need to receive basic food parcels (reported by 28.9% and 14.4% of participants, respectively) may represent food insecurity in our sample. Therefore, we see the need for social and health public policies aimed at low-income *travestis* and trans people.

4.1 STUDY LIMITATIONS

The limitations of the study are related to the study design, sample size, and recruitment method. As an exploratory and cross-sectional study, the findings are limited to providing initial insights and cannot establish causal relationships. Additionally, the study used a convenience sample, which may not be representative of the larger transgender population. The sample was recruited from a single specialized service in the city of Sao Paulo, which further limits the generalizability of the findings. Finally, the study was unable to contact all individuals registered in the service, which may have further limited the prevalence estimates. As a result, caution should be exercised in generalizing the findings to other populations and settings.

5 CONCLUSION

Based on the socio-demographic data and mental health outcomes observed in our study, it appears that the participants in our sample may face fewer vulnerabilities than other transgender populations. However, there are still significant challenges and disparities that need to be addressed to improve the health and well-being of transgender individuals.

The study highlights the importance of social and public health policies aimed at reducing social inequalities and preventing risks to mental health for low-income trans people. These policies should prioritize the needs of vulnerable groups, such as *travestis* and non-binary people, who may face even greater barriers to accessing health services and employment opportunities.

Further research is also needed to better understand the specific challenges faced by different subgroups within the transgender population, including gender disparities that affect trans identities. This information can be used to reinforce the development of more targeted and effective interventions to support the health and well-being of transgender individuals. Overall, the findings of this study underscore the need for greater attention and investment in the health and social needs of the transgender community.

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